

# Constance Care Glenrothes Housing Support Service

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Constance Care Limited

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CS2019373613

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# Inspection report

## About the service

Constance Care Glenrothes provides a Care at Home and Housing Support Service which covers Central and West Fife. The service was first registered with the Care Inspectorate in June 2019. At the time of the inspection the service supported around 80 adults, mostly older people living within their own home.

The service is managed from an office base in Glenrothes. Constance Care has a number of other branches across Scotland and is provided by City & County Healthcare Group Ltd.

## About the inspection

This was a pilot inspection to test a new way of inspecting to provide assurance that better performing services continue to deliver a very good level of care and support. No new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing, and planned care/support.

We confirmed that the service continued to provide a very good level of care and support. We know this because on this inspection we:

- spoke with six people using the service, and three of their relatives
- spoke with three staff and management
- observed practice and daily life
- reviewed documents

## Key messages

#### Legal assurances

We found the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place and a range of policies and procedures that promoted good outcomes for people. This meant that people were safe and protected from harm and could have confidence in the organisation providing their care and support.

#### Wellbeing

Staff had a clear understanding of their responsibility to keep people safe. We saw that mandatory training included this topic and training records indicated that the vast majority of staff were up-to-date with this training. Staff told us "the training is really helpful."

People were kept safe from the risk of infection as staff had the necessary training and competence in infection prevention and control. We saw that spot checks were carried out regularly. We observed staff cleaning their hands at the start and end of visits and between tasks. Personal Protective Equipment (PPE) was worn and disposed of appropriately. We were confident that the risk of spreading infection was low.

Guidance to help staff manage medication was clear and as a result people were supported to take the right medication at the right time which promoted their safety and wellbeing. We observed people being supported with their medication needs in a way that was person-centred and promoted choice. There were clear instructions for staff on how to support people depending on their assessed needs.

#### Leadership

We found effective leadership of the service meant that people's needs and outcomes were met. The manager oversaw a wide range of audits and checks in key areas including care planning and training levels. This was underpinned by regular reports from the system the service used, highlighting progress in all areas of quality assurance. Issues were identified and resolved quickly. This meant that high standards or care and support were maintained.

Staff should feel confident to give feedback and that they are listened to and valued. Staff received regular supervision and competency checks. Staff we spoke with were positive about their experience working for the service and felt supported to carry out their role to the best of their ability. We were told that the management team were visible and approachable and that all feedback was constructive and helpful. We were confident that staff were led well.

The service had a development plan in place which demonstrated an ongoing commitment to the development of the service. There were planned improvements to medication management, care planning and risk assessment. We suggested the development plan could be enhanced by ensuring that staff and service user feedback contributes to the plan on an ongoing basis.

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#### Staffing

People could be confident that staff had been recruited safely and that the recruitment process reflected the principles and guidance of the 'Safer Recruitment Through Better Recruitment' guidance document. Identification checks, employment references and protection of vulnerable group checks were undertaken and staff were supported with registration to professional bodies. Staff told us the induction period was thorough and helpful. We were told training on moving and handling and supporting people with dementia was particularly helpful.

Feedback about staff from people using the service and their relatives was positive. One person told us "we love the carers" and another said "they can't do enough for me."

Staff training records were up to date for essential training and staff received regular refresher sessions. This, along with the positive feedback we received about staff, assured us staff had the necessary skills, training, and competence to provide safe care.

#### Planned care/support

People should expect to experience warmth, kindness, and compassion in how they are supported and cared for. We observed warm and compassionate care and interactions between people and staff. Interactions were friendly, good natured, and humorous. It was clear that staff knew people very well and had visited them often over a long period of time. This meant that interactions were personal and meaningful, and that staff knew how to meet people's needs. We could be confident that people's dignity was respected, and their day to day needs were met.

Planned care and support was informed by care plans which were detailed and reviewed regularly. Care plans and risk assessments were appropriately detailed according to the complexity of care required. They gave clear guidance to staff. We saw good examples of risk assessments and care plans to support staff to manage risks including nutrition and falls.

Care plans struck a balance between providing the task based requirements of a care at home visit, as well as providing wider detail which was tailored to the person's outcomes and preferences. Personal preferences were clearly stated in care plans and we saw evidence of staff knowledge of these at visits, including food and drink preferences. Visit notes were clear and concise and these confirmed that people were receiving care as per their agreed care plan.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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